

RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 48669 (R2/2-05) SDH Form 51-0001

BLACKFORD CO HEALTH DEPT 506 E. VAN CLEVE HARTFORD CITY, IN 47348 (765) 348-4317

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time li	mit for cor	rection o	of each violation is specified in the narrative portion of thi	s report.			
Establishm R(Ac	ent Name	5 (SENIOR CENTER	Telephone Number	Date of In (mm/dd/yr	spection)	ID#
Fetablishm	10-10K	s (numb	has and atmost aits state 710 code)	MINI	2	17-25	5
IO)	So vi		Mills St. HARTFORD City	y ()4141	5-	1 (23	
Owner	10C001	1	to Community JERVICE	Purpose:	Follow-u	Releas	Z7-25
Owner's A	ddress		to commonery service	2. Follow-up	Summary of Violations:		
O Water 572	SAM	E		3. Complaint			ns:
Person in (Charge	r		4. Pre-Operational C Menu 7 6. HACCP		NCR Type (See back of page)	
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Responsibl	e Person's	E-mail	cov Jamieuls new onked or propaged to A 104 and				
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• CRITICAI	L ITEMS AR	E IDEN	TIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS N	MARKED "C"			
• VIOLATIO	ON(S) REPE	ATED F	ROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" A	ND IN THE	NARRATIVE	BELOW AS "R"
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